



## Vision Care

### June 2006 • Bulletin 340

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### Vision Care HIPAA Updates Effective July 1, 2006 Summary

Effective for dates of service on or after July 1, 2006, the following changes will be made to the Medi-Cal Vision Care Program, pursuant to the Health Insurance Portability and Accountability Act (HIPAA):

- Convert Medi-Cal interim codes to national HCPCS Level II and CPT-4 Level I codes.
- Eliminate all Medi-Cal qualifying codes and replace them with national CPT-4 and HCPCS modifiers. Additionally, modifiers X1 – X9 are no longer used for vision services.
- Replace the *Payment Request for Vision Care and Appliances* (45-1) claim form with the *HCFA 1500* claim form.
- Replace the current Treatment Authorization Request (TAR) process for medically necessary contact lenses, low vision aids and other non-Prison Industry Authority (PIA) covered items using the 45-1 claim form, with a new process using the *50-3 Treatment Authorization Request* (TAR) form.
- Replace Medi-Cal's Computer Media Claims (CMC) proprietary format with the ASC X12N 837 v.4010A1 medical format or Internet Professional Claims Submission (IPCS).

#### HCPCS Code V2700

Effective July 1, 2006, HCPCS code V2700 (balance lens, per lens) will not be used to bill a balance lens. Instead, balance lenses ordered from PIA optical laboratories should be billed with the same procedure code for dispensing (CPT-4 codes 92341 – 92343, or 92352 – 92353) as for the lens that was prescribed for the sighted eye. For example, if a patient requires a balance lens with a bifocal prescription, CPT-4 codes 92341 should be billed with a quantity of "2". When billing balance lenses in a non-PIA county, use the same ophthalmic lens code (HCPCS codes V2100 – V2499) as the code billed for the sighted eye. For example, if the patient requires a balance lens in a bifocal prescription in the range of 0 to 4 diopters, HCPCS code V2200 should be billed with quantity of "2".

This lens policy information is reflected in the *Eye Appliances* and *Eyeglass Lenses* sections.

Please see **Vision Care HIPAA Updates**, page 2

## Vision Care HIPAA Updates (continued)

Policy for all updates was announced in the May 2006 *Medi-Cal Update*. Updates are reflected on the following Part 2 manual replacement pages:

[appeal form 1 and 2](#)  
[cal child bil hcf vc 1 thru 3](#)  
[children 4](#)  
[contact lens 1 thru 5](#)  
[contact lens ex 1 thru 3](#)  
[eye app 1 thru 8](#)  
[eyeglass fram 1 thru 5](#)  
[eyeglass fram ex 1 thru 3](#)  
[eyeglass lens 1 thru 9](#)  
[eyeglass lens ex 1 thru 7](#)  
[forms reo vc 1 and 2](#)  
[hcfa comp vc 1 thru 16](#)  
[hcfa spec vc 1 thru 3](#)  
[hcfa sub 1 thru 6](#)  
[hcfa tips 1 thru 4](#)  
[hcpcs iii 4](#)  
[low vision 1 thru 4](#)

[medi cr vc 1 thru 4, 6, 8, 9 thru 15](#)  
[medi cr vc ex 1 thru 3](#)  
[medi non cpt 1](#)  
[medi non hcp 1 thru 3](#)  
[modif app 1 thru 9](#)  
[modif used vc 1 thru 3](#)  
[pia 1 thru 4](#)  
[prescript vc 2](#)  
[pro serv 1 thru 16](#)  
[pro serv cd 1 thru 5](#)  
[pro serv ex 1 thru 7](#)  
[prosth 1](#)  
[rates max disp 1](#)  
[rates max eye app 1 thru 7](#)  
[rates max optom 1 thru 5](#)  
[remit ex vc 1 and 2, 7 and 8](#)  
[share vc 1 thru 6](#)  
[tar comp vc 1 thru 11](#)

### Record Keeping Update for Billing Eye Appliances

Effective for dates of service on or after July 1, 2006, *Welfare and Institutions Code* (W&I Code), Section 14043.341 requires providers to obtain and keep a record of Medi-Cal recipients' signatures when dispensing a product or prescription or when obtaining a laboratory specimen.

Optical providers who dispense eye appliances requiring a written order or prescription must maintain the following items in their files to qualify for Medi-Cal reimbursement:

- Signature of the person receiving the eye appliance
- Medi-Cal recipient's printed name and signature
- Date signed
- Prescription number or item description of the eye appliance dispensed
- Relationship of the recipient to the person receiving the prescription if the recipient is not picking up the appliance

*This information is reflected on manual replacement pages [contact lens 4](#) (Part 2), [eye app 3](#) (Part 2), [eyeglass fram 3](#) (Part 2), [eyeglass lens 8](#) (Part 2) and [low vision 3](#) (Part 2).*

### New Medi-Cal Provider Numbers for 23 Public Hospitals

Starting May 22, 2006 and effective for dates of service on or after July 1, 2005, all physicians and non-physician practitioners billing for inpatient services in the hospitals listed below are required to use a modified provider number in the facility identification field (Box 32) of the *HCFA 1500* claim form.

#### Background

Senate Bill 1100 (Chapter 560, Statutes of 2005) requires the California Department of Health Services (CDHS) to change the reimbursement methodology for 23 public hospitals. Negotiated rates will be replaced with cost-based, per-diem rates, with Certified Public Expenditures (CPEs) as the basis for the non-federal share of reimbursement. This change covers contract inpatient care rendered to Medi-Cal recipients and uninsured individuals, for dates of service on or after July 1, 2005 through August 31, 2010.

*Please see **New Medi-Cal Provider Numbers**, page 3*

**New Medi-Cal Provider Numbers** *(continued)***Purpose**

To facilitate the capture of costs for services rendered, hospital contract inpatient provider numbers are being modified. The new provider numbers are the same as the current contract provider numbers, except that the last letter “G”, “F” or “H” is replaced by “W”.

<u>Hospital Name</u>	<u>Current Contract Inpatient Provider Number</u>	<u>Modified Inpatient Provider Number</u>
University of California Davis Medical Center	HSC00599G	HSC00599W
University of California Irvine Medical Center	HSC30348G	HSC30348W
University of California San Diego Medical Center	HSC30025F	HSC30025W
University of California San Francisco	HSC00454G	HSC00454W
University of California Los Angeles Medical Center	HSC30262F	HSC30262W
University of California Los Angeles Santa Monica	HSC30112H	HSC30112W
Los Angeles County Harbor/UCLA Medical Center	HSC30376F	HSC30376W
Los Angeles County Martin Luther King Jr./Drew Medical Center	HSC30578F	HSC30578W
Los Angeles County Olive View Medical Center	HSC30040G	HSC30040W
Los Angeles County Rancho Los Amigos National Rehab. Center	HSC32014F	HSC32014W
Los Angeles County USC Medical Center	HSC30373F	HSC30373W
Alameda County Medical Center	HSC00320F	HSC00320W
Arrowhead Regional Medical Center	HSC30245F	HSC30245W
Contra Costa Regional Medical Center	HSC00276F	HSC00276W
Kern Medical Center	HSC30315F	HSC30315W
Natividad Medical Center	HSC00248F	HSC00248W
Riverside County Regional Medical Center	HSC30292F	HSC30292W
San Francisco General Hospital	HSC00228F	HSC00228W
San Joaquin General Hospital	HSC00167F	HSC00167W
San Mateo Medical Center	HSC00113F	HSC00113W
Santa Clara Valley Medical Center	HSC00038F	HSC00038W
Tuolumne General Hospital	HSC00325F	HSC00325W
Ventura County Medical Center	HSC39008F	HSC39008W

### PIA Optical Laboratories County Reassignment

Beginning June 1, 2006, dispensing optical providers of the following counties must redirect their work to the appropriate Prison Industry Authority (PIA) optical laboratories:

<u>County</u>	<u>County Code</u>	<u>New PIA Lab</u>
Amador	03	California State Prison Solano
Contra Costa	07	Pelican Bay State Prison
Imperial	13	Valley State Prison for Women
Napa	28	California State Prison Solano
Nevada	29	California State Prison Solano
Orange	30	Valley State Prison for Women
San Francisco	38	Pelican Bay State Prison
Santa Clara	43	Pelican Bay State Prison

*This information is reflected on manual replacement pages [pia code dir 1 thru 3 \(Part 2\)](#).*



**The IPCS system is only available for vision claims with dates of service on or after July 1, 2006.**

### Reminder for Providers Transitioning to Internet Professional Claim Submission (IPCS) for Vision Claim Submissions

Effective July 1, 2006, the Vision CMC proprietary claims transaction format will no longer be accepted for vision services, regardless of the date of service. Providers who have chosen to transition to the HIPAA-compliant 837 Internet Professional Claim Submission (also known as the 837 Professional Standard Claim on the Internet) are reminded that the IPCS system is only available for claims with dates of service on or after July 1, 2006. For dates of service prior to this, providers must use one of two alternative billing methods:

#### Option 1 – 837 Claims Submission

The ASC X12N 837 v.4010A1 transaction may be used for claims with dates of service prior to July 1, 2006; however, the required testing must have already been completed and approved. If the required testing was not completed and approved, providers must then submit paper claims (see Option 2, below).

#### Option 2 – Paper Claims Submission

Providers may submit paper claims for dates of service before July 1, 2006 using the *Payment Request for Vision Care and Appliances* (45-1). For paper claims submitted on or after July 1, 2006, providers must use the *HCFA 1500* claim form.

### CCS Service Code Groupings (SCG) Update

Effective for dates of service on or after July 1, 2006, a number of codes are added to the California Children's Services (CCS) Service Code Grouping (SCG) 06. The effective date for these codes is designated by the symbol “^”.

Codes 99222 and 99223 were previously added to SCG 06 in error, and are end-dated for dates of service on or after July 1, 2006.

**Reminder:** SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same “rules” apply to end-dated codes.

*The updated information is reflected on manual replacement page [cal child ser 17 \(Part 2\)](#).*

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## Instructions for Manual Replacement Pages

## Part 2

June 2006

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Remove and replace: *Contents for Vision Care Billing and Policy i thru iv*  
appeal form 1/2

Remove: cal child bil pay vc 1 thru 3  
Insert: cal child bil hcf vc 1 thru 3 (*new*)

Remove and replace: cal child ser 17/18  
children 3/4

Remove: contact lens 1 thru 4  
Insert: contact lens 1 thru 5

Remove and replace: contact lens ex 1 thru 3

Remove: eye app 1 thru 6  
Insert: eye app 1 thru 8

Remove: eyeglass fram 1 thru 3  
Insert: eyeglass fram 1 thru 5

Remove and replace: eyeglass fram ex 1 thru 3

Remove: eyeglass lens 1 thru 5  
Insert: eyeglass lens 1 thru 9

Remove: eyeglass lens ex 1 thru 8  
Insert: eyeglass lens ex 1 thru 7

Remove and replace: forms reo vc 1/2

Insert sections after  
the *Genetically  
Handicapped  
Persons Program*  
section:

hcfa comp vc 1 thru 16 (*new*)  
hcfa spec vc 1 thru 3 (*new*)  
hcfa sub 1 thru 6 (*new to Vision Care manual*)  
hcfa tips 1 thru 4 (*new to Vision Care manual*)

Remove and replace: hcpcs iii 3/4

Remove: low vision 1 thru 3  
Insert: low vision 1 thru 4

Remove: medi cr vc 1 thru 18  
Insert: medi cr vc 1 thru 15

Remove and replace: medi cr vc ex 1 thru 3  
medi non cpt 1  
medi non hcp 1 thru 3

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Insert sections after  
the *Minor Consent*  
*Program* section:

modif app 1 thru 9 (*new to Vision Care manual*)  
modif used vc 1 thru 3 (*new*)

Remove entire  
sections:

pay vc comp  
    *HIPAA in Review*  
    *Code Correlation Guide*  
pay vc sub  
pay vc tips

Remove and replace:

pia 1 thru 4  
pia code dir 1 thru 3  
prescript vc 1/2

Remove:

pro serv 1 thru 11

Insert:

pro serv 1 thru 16

Remove:

pro serv cd 1 thru 16

Insert:

pro serv cd 1 thru 5

Remove and replace:

pro serv ex 1 thru 7

Remove and replace:

prosth

Remove entire section:

qual cd

Remove and replace:

rates max disp 1

Remove:

rates max eye app 1 thru 8

Insert:

rates max eye app 1 thru 7

Remove and replace:

rates max optom 1 thru 5  
remit ex vc 1/2, 7/8  
share vc 1 thru 6

Remove:

tar comp vc 1 thru 7

Insert:

tar comp vc 1 thru 11

Remove entire  
sections:

vision review  
Medi-Cal Vision Care Provider Desk Reference (laminated card)